

TEFAP INVENTORY DISCREPANCY REPORT

RA: _____
 COMPLETED BY: _____
 DATE PRODUCT DELIVERED: _____
 STORAGE LOCATION ADDRESS: _____
 CARRIER: _____ TRUCK SEAL NUMBER _____

HAS A CLAIM BEEN FILED WITH THE RA INSURANCE _____ WAREHOUSE INSURANCE_____

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 OVER OR UNDER (0) **PRODUCT QUANTITY VALUE \$** _____
 _____ DISCREPANCY AT TIME OF DELIVERY TO WAREHOUSE FROM USDA*
 _____ DISCREPANCY WHILE PRODUCT WAS IN RA'S STORAGE
 _____ DISCREPANCY DISCOVERED BY OUTLET

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 DAMAGE PRODUCT **QUANTITY** _____ **VALUE \$** _____

EXPLAIN THE NATURE OF DAMAGE _____

CONTAINER ID NUMBERS (S) _____ **CODE ON CAN / PACKAGE**

_____ DISCOVERED AT THE TIME OF DELIVERY TO WAREHOUSE FROM
 USDA*
 _____ DISCOVERED WHILE PRODUCT WAS IN RA STORAGE
 _____ DISCOVERED AT OUTLET
 _____ REFRIGERATION MALFUNCTION
 _____ DISCOVERED BY RECIPIENT

DFC NOTIFIED (PRIOR TO DISPOSAL) _____ **(DATE)**

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STATEMENT OF BOARD OF HEALTH, AND /OR DFC TEFAP STAFF
 I HEREBY DECLARE I HAVE EXAMINED _____ CASES OF _____
 PRODUCT AND THAT IT IS UNFIT FOR HUMAN OR ANIMAL CONSUMPTION.

NAME: _____

TITLE: _____ **DATE** _____

DISPOSAL OF SPOILED AND DAMAGED PRODUCT

WHAT WAS DONE WITH SPOILED/DAMAGED
PRODUCTS? _____

*AMOUNT OF (CASES) OF DISCREPANCY AND DATE MUST BE NOTED ON USDA BILL OF LADING